RQIA Provider Guidance 2016-17

Independent Health Care

Independent Hospital

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The four domains

Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Is care effective?

The right care, at the right time in the right place with the best outcome.

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Is Care Compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

How we will inspect

We will inspect every Independent Hospital providing surgery with or without inpatients establishments at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection.

During our inspections we will inspect and report on the following four domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

When we inspect an Independent Hospital providing surgery with or without inpatients, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection; and
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014

What we look for when we inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is care safe?
Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1
There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of Evidence

Staffing
- There are arrangements in place to provide cover at all times by appropriately trained and experienced medical and health care practitioners
- The staffing complement meets the assessed care needs of all patients, taking into account the size and layout of the hospital, the statement of purpose and fire safety requirements
- There is a defined staffing structure for surgical services that defines lines of accountability, specifies roles and details responsibilities for areas of activity
- There are sufficient numbers of staff in various roles to fulfil the needs of the hospital and patients
- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisal and records are retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role
- A system is in place to ensure that staff receive mandatory training and appropriate training when new procedures are introduced
- There are arrangements for monitoring the professional registration status with the regulatory body (e.g. GMC, NMC, HPC) of all clinical staff

Recruitment and Selection
- Staff have been recruited in line with Regulation 19 (2), Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005
- There is a written policy and procedure for staff recruitment
- Staff personnel files are in keeping with 19 (2) Schedule 2
- Enhanced AccessNI checks received prior to new staff commencing work

Indicator S2
The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of Evidence

Surgery
- The policies and procedures for surgical services are in accordance with best practice guidelines as defined by professional bodies and national standard setting organisations including the World Health Organisation (WHO) Surgical Checklist and Surgical Pause
- An appropriate register of all surgical operations performed in the hospital is kept in accordance with the Independent Health Care Regulations (Northern Ireland) 2005
- A senior registered nurse or operating department practitioner who has operating theatre experience is in charge at all times in the operating theatre
- Scheduling of patients for surgical procedures takes into account patients' requirements, staffing levels, nature of surgical procedure, facilities and equipment available. Any associated risks are managed
- The anaesthetist is present in the operating theatre throughout the operation and is present on-site until the patient has recovered from the immediate effects of anaesthesia
- The anaesthetist who is to give the anaesthetic visits the patient, assesses the general medical fitness, and reviews any medication being taken prior to surgery. Possible plans of management are discussed with the patient and available options are explained, to enable the patient to make an informed choice
- Patients are observed during surgery and in the recovery room on a one-to-one basis by staff trained in anaesthetics and resuscitation
- The anaesthetist who administered the anaesthesia discharges patients in accordance with recovery room procedures

Safeguarding
- Staff are knowledgeable about and have a good understanding of safeguarding
- Policies and procedures are in place (to include safeguarding champion, definitions of abuse, types and indicators of abuse, onward referral arrangements including contact information and documentation)
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the appropriate agencies for investigation in accordance with written procedures and records maintained
- Within three months of commencing employment, staff complete training and can demonstrated knowledge of safeguarding principles
- Safeguarding training is refreshed for all staff in accordance with RQIA's mandatory training requirements
- Procedures for safeguarding are included in the induction process for all staff

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of Evidence

Best Practice Guidance
- The hospital has a procedure in place to review newly published best practice guidance and develop and implement policies and procedures as necessary
- The hospital has a policy for the identification and labelling of invasive lines and tubes in line with the regional guidance

Risk Management
- There are risk management procedures in place.
- All risks in connection with the hospital, treatment and services are identified, assessed and managed
- There are arrangements to review risk assessments

Resuscitation
- There are policies and procedures in relation to resuscitation
- Staff have received basic life support training
- Staff have knowledge and understanding of resuscitation
- There is at least one person with advanced life support training (ALS) on duty at all times. Staff providing medical cover are trained in resuscitation to the appropriate level. This training is updated in line with RQIA mandatory training and includes paediatric advanced life support training
- Equipment for resuscitating patients is in line with the Resuscitation Council (UK)
- Resuscitation equipment is checked and restocked to ensure all equipment remains in working order and suitable for use at all times. Checks are carried out daily by a designated person and recorded
- Resuscitation equipment is cleaned and decontaminated after each use
- All 'do not resuscitate decisions' are documented by the most senior health care professional caring for the patient, with the reason and date for review documented in the patient's clinical record. This information is provided to other relevant health professionals and is reviewed and documented by the planned review date or when there are any significant changes in the patient's condition
- Medicines required for resuscitation or other medical emergencies are clearly defined and are regularly monitored. These medicines are readily accessible in suitable packaging and available for use at all times. Accessible records are maintained relating to the regular monitoring of medicines required for resuscitation or other medical emergencies

Infection Prevention Control and Decontamination Procedures
- The hospital is clean and clutter free
- Policies and procedures are in line with regional infection control guidelines
- All staff receive training in infection prevention and control that is commensurate with their role and responsibilities and records are retained
- Staff have knowledge of infection prevention and control measures in line with best practice
- There are written guidelines for staff on making referrals for advice and support to infection control nurses, microbiology services and public health medical staff who have expertise in infection prevention and control
- The risk of cross infection to patients, staff and visitors is minimised by single use equipment or decontamination of reusable medical devises and equipment in line with manufacturer's instructions and current best practice
- There is information available for infection prevention and control for patients, their representatives and staff
- There is an annual infection control programme of audits in place
- There are clear lines of accountability in relation to IPC and staff are aware of their roles and responsibilities

- Exploration of any issues identified during inspection

Indicator S4
The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence

- The hospital is clean, clutter free, warm and pleasant
- There are no obvious hazards to the health and safety of patients and staff
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems and fire-fighting equipment, fixed electrical wiring installation, legionella risk assessment)
- Equipment, installations and facilities are in place to provide services in accordance with the Statement of Purpose and are used, serviced and maintained in line with DHSSPS requirements and manufacturers' and installers' guidance
- There is register of all mechanical and technical equipment used for the purposes of treatment provided by the hospital

Is care effective?
The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

Care Pathway
- On admission patients have a comprehensive assessment of their health care needs using evidence based assessment tools
- The results of assessments are used to draw up an individualised person-centred care plan which reflects pre-operative, intra-operative and post-operative care. Where possible the care plan is shared and signed by the patient
- All treatment and care is recorded in the patient's clinical record
- There are arrangements in place to meet the patient's assessed needs - including, if necessary, referral to specialised services
- There are arrangements for pre-operative, intra-operative and post-operative care in line with the patients' assessed needs
- Arrangements are in place to enable relevant professionals to contribute to the multidisciplinary review of outcomes of patient care
- There is a planned programme for discharge from the hospital for each patient
- The discharge plan is co-ordinated with the services involved in the patient's ongoing care and treatment

Records
- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records
- Records are securely stored – electronic/hard copy
- The hospital is registered with the Information Commissioners Office (ICO)

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of Evidence

- A range of audits, including clinical audits, are undertaken routinely and actions identified for improvement are implemented into practice
- There are clear clinical governance arrangements in place to ensure the effectiveness and quality of care to patients and their representatives

Indicator E3
There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of Evidence

Informed Decision Making
- Patients receive all the necessary information about their admission and treatment. This is available in an alternative language or format when required
- Patients receive an explanation of the clinical assessments, which will be carried out by different members of the health care team. This is communicated in a language and manner which is appropriate to the patient's age and understanding
- Patients receive verbal and written pre-operative information.   There is written information for patients that provides a clear explanation of any treatment provided and includes effects, side-effects, risks, complications and expected outcomes. This information is in a format which is accessible according to the patient's age and level of understanding and must be provided in alternative formats if necessary
- The surgeon/practitioner who is to undertake the surgical procedure visits the patient and obtains consent for the proposed surgery and ensures the consent form(s) are signed prior to surgery
- There is written information for patients post-operatively
- The results of investigations and treatment are clearly explained to patients and any options available to them are discussed
- A named member of staff is identified as the principle contact for each patient
- The care plan is reviewed with the patient and or their representative in keeping with their changing needs
- The patient and their representative are kept informed about any changes in the patient's condition
- Information is written which is jargon free, accurate, accessible and up-to-date
- Treatment and care services are planned and developed with meaningful patient involvement; facilitated and supported as appropriate; and provided in a flexible manner to meet individual and changing requirements
- There are meaningful detailed handover reports
- There is an open and transparent culture that facilitates the sharing of information
- Staff meetings are held on a regular basis and minutes retained
- Staff can communicate effectively
- Learning from complaints/incidents/near misses is effectively disseminated to staff

Discharge Planning
- The planned programme for discharge from the hospital provides the patient and carers with clear, accessible written information on:
    - The discharge arrangements
    - Future management of care
    - Liaison with community services
    - Advice and support available
- Where appropriate to the setting and in line with the patient's wishes, a discharge letter summarising the patient's treatment and care is sent to their general practitioner and other professionals involved in their ongoing treatment and care

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1
There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of Evidence

- Staff can demonstrate how confidentiality is maintained
- Staff can demonstrate how consent is obtained
- Discussion with staff and observation of interactions demonstrate patients are treated with dignity and respect
- There is a suitable location for private consultation
- There is a policy and procedure on confidentiality
- Patient's modesty and dignity is respected at all times
- Patients and or their representatives rights to make decisions about care and treatment are acknowledged and respected
- Patients and visitors are treated and cared for in accordance with legislative requirements for equality and rights
- Patients are reassured by the certificate of registration displayed in a conspicuous place

Indicator C2
Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of Evidence

Informed Consent
- Patients are involved in decision making in line with departmental guidance on consent treatment and care
- There are arrangements for providing information in alternative formats/interpreter services, if applicable
- There is a written policy and procedure on obtaining informed consent in line with DHSSPS guidance on consent treatment and care

Breaking Bad News
- Patients and relatives have bad news delivered by professionals who are well informed and in a manner that is sensitive and understanding of their needs
- The patient's consent is obtained before information regarding their bad news is shared with others
- The procedure for delivering bad news to patients their families and other significant people is developed in accordance with guidance such as Breaking Bad News regional guidelines
- The outcome of breaking bad news to patients the options discussed and future treatment plans are recorded and with the patient's consent shared with their general practitioners and relevant health professionals

Indicator C3
There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Patient consultation (patient satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis
- The results of the consultation are collated to provide a summary report
- The summary report is made available to patients
- An action plan is developed to inform and improve services provided, if appropriate
- RQIA staff/patient questionnaire responses support the outcome that compassionate care is in place
- Treatment and care services are planned and developed with meaningful patient involvement; facilitated and supported as appropriate; and provided in a flexible manner to meet individual and changing requirements
- Reports summarising patients comments and action taken by the organisation are presented regularly to the setting's management group (where appropriate)

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1
There are management and governance systems in place to meet the needs of service users.

Examples of Evidence

- The registered provider monitors the quality of services and undertakes a visit to the premises at least six monthly and produces a report of their findings (where appropriate)
- The registered provider/manager ensures the hospital delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards
- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed and retained in a manner which is easily accessible by staff
- Arrangements are in place to review risk assessments (e.g. legionella and fire)
- There are clear arrangements for monitoring the quality of clinical care that include as a minimum unplanned return to theatre, peri-operational deaths as defined by the National Confidential Enquiry, unplanned re-admissions to hospital, unplanned transfers to other hospitals, adverse clinical incidents and post-operational infection rates for the hospital
- The hospital has systems in place to audit the quality of service and includes responding to patient feedback
- A data protection policy and procedure is in place

Complaints
- The hospital has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints from patients
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision
- The complainant is notified of the outcome and action taken
- These records are treated in line with data protection laws

Incidents
- The hospital has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- All relevant incidents occurring in the hospital are reported to RQIA and other relevant organisations in accordance with legislation and procedures

Audits
- There are procedures to facilitate audit including clinical audit
- Working practices are systematically audited to ensure they are consistent with legislation, best practice guidance and the hospitals documented policies and procedures
- Results of audits are analysed and actions identified for improvement are embedded into practice

Indicator L2
There are management and governance systems in place that drive quality improvement.

Examples of Evidence
Quality Improvement
- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and patients

Quality Assurance

- Arrangements are in place for managing relevant alerts
- Arrangements are in place for staff supervision and appraisal
- Audits of incidents are undertaken and learning, outcomes are identified and disseminated throughout the organisation

Indicator L3
There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- Staff are aware of their roles & responsibilities and actions to be taken should they have a concern
- The registered person/s have understanding of roles and responsibilities under legislation
- Patients are aware of the roles of staff and who to speak with if they need advice or have issue/concerns
- The registered provider is kept informed regarding the day to day running of the hospital
- The registered provider/registered manager requires and ensures all staff abide by published codes or professional practice relevant to their professional role and obtains evidence that professional registration and revalidation requirements are met
- There are systems in place to ensure that staff receive induction, mandatory training and appropriate training when new procedures are introduced
- There is a training and development programme that is kept under review and updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the hospital
- The effect of training on practice and procedures is evaluated as part of quality management

Practising Privileges
- There is a written procedure that defines the process for application, granting, maintenance and withdrawal of practising privileges
- There is a written agreement between the medical practitioner and the hospital that sets out the terms and conditions of granting practising privileges
- Practicing privileges agreements are reviewed at least every two years

Indicator L4
The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Patient Guide are kept under review, revised when necessary and updated
- Insurance arrangements are in place - professional indemnity, public & employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision

Indicator L5
There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There is a whistleblowing policy and procedure and staff are aware of this
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal & supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements for management to effectively address staff suggestions/concerns
- The registered provider/manager has arrangements in place for dealing with professional alert letters, managing identified lack of competency and poor performance for all staff including those with practicing privileges, and reporting incompetence in line with guidelines issued by DHSSPS and professional regulatory bodies

Inspection reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower
5 Lanyon Place
BELFAST

BT1 3BT

Tel   028 9051 7500
Fax   028 9051 7501
Email   info@rqia.org.uk
Web   www.rqia.org.uk
🐦   @RQIANews

Assurance, Challenge and Improvement in Health and Social Care